

Annual Report of The Medical Officer of Health

INFOFOR PUBLISHING

**The Report
of
The Chief Public Health Inspector**

FOR THE YEAR 1957

RURAL DISTRICT OF SALISBURY & WILTON

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of
The Medical Officer of Health

INCORPORATING

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RURAL DISTRICT OF SALISBURY AND WILTON
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1957

To the Chairman and Councillors of the Rural District of Salisbury and Wilton.

I have the honour to present the Annual Report on the public health of the District during 1957.

The Report of the Chief Public Health Inspector, Mr. J. A. Furley, is incorporated, and provides detailed information in regard to environmental public health in the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and other colleagues, without which assistance the preparation of this Report would not have been possible.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

Medical Officer of Health.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report :

1. In the "Vital Statistics" Section :—

A raised Infant Mortality Rate of 27.2, low Tuberculosis Mortality of 0.12 and reduced general Death Rate (adjusted) of 8.7, half of which was due to heart and circulatory diseases, and about one fifth to Cancer and related malignant diseases

2. In the "Communicable Disease" Section :—

The need for more preventative "immunisations" against smallpox, diphtheria and whooping cough, among very young children. The substantial development of Poliomyelitis immunisation and the gradual increase of Tuberculosis "immunisation" for selected age groups of children and contacts of the disease. The very low incidence of notifiable communicable diseases, including Tuberculosis, except for the periodical increase in measles.

3. In the "Environmental Public Health and Food" Section :—

The substantial progress in provision of new housing, but the continuing shortage of housing accommodation, and need to maintain an all-out drive to reduce this problem, probably the greatest public health problem of the age, in this country.

The progress in development of the rural water supplies, and the increasing need for sewerage in certain areas, especially Downton, Redlynch, Berwick St. James, Fovant and Barford St. Martin. The need for more maintenance work in the small disposal plants at the Council House Estates, and even with additional staff engaged last year, an unsatisfactory record of effluent analysis from these little works.

... The continued satisfactory results of the milk sampling scheme introduced in 1954, especially the completely negative results of samples taken for biological examination for tuberculosis and nearly completely negative results of similar examinations for living brucella organisms.

A little progress in the conforming of "Food Premises" to the new Food Hygiene Regulations.

4. Principal Outstanding Public Health needs:—

- (1) More homes, with the minimum encroachment of agricultural land.
- (2) Enrichment of drinking water supplies to provide sufficient fluoride salt to enable teeth to grow healthy and durable.
- (3) Extension of main water supplies to some parts of the district not yet served.
- (4) More Sewerage.
- (5) Less tobacco smoking.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

<i>Medical Officer of Health:</i>	F. J. G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London), L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. (Canada).
<i>Chief Public Health Inspector:</i>	J. A. FURLEY, M.R.S.H., M.A.P.H.I.
<i>Public Health Inspectors:</i>	R. P. BATTEN, M.R.S.H., M.A.P.H.I. R. A. COOMBS, A.R.S.H., M.A.P.H.I.
<i>Clerk of Works—Housing:</i>	J. H. RIDEOUT
<i>Rodent Operator:</i>	R. H. COOMBS
<i>Technical Assistant:</i>	R. C. USHER
<i>Clerks:</i>	P. GOODSHIP, A. A. M. HALLETT
<i>Clerk and Stenographers:</i>	Mrs. Y. NEWTON Miss G. C. PARSONS (as from December) Miss D. COOPER (resigned December)

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Mere and Tisbury Rural District, and for the Borough of Wilton, and, also under arrangements first made in 1954, he acts as Assistant County Medical Officer of Health for the Wiltshire County Council. Approximately three elevenths of the salary for the Joint appointment is allocated to the Salisbury and Wilton Rural District.

The Chief Public Health Inspector also holds the appointment of Surveyor for the Rural District, and the other two Public Health Inspectors also spend a portion of their time on Surveyor's work.

GENERAL ADMINISTRATION DURING THE YEAR

For the last two years it has been becoming increasingly evident that the apportionment of approximately three-elevenths of the time of the Medical Officer of Health to this District, and only six-elevenths for the combination of districts, is insufficient to undertake the work adequately, within the terms of the Ministry of Health "Memorandum on the Duties of Medical Officers of Health in England and Wales," and to my own satisfaction. The apportionment to working as Medical Officer of Health is less than in the two neighbouring combined Medical Officer of Health areas in Wiltshire, one of which has a smaller population.

In July representation was made to the Joint Medical Officer of Health Committee to this effect, with a request that the Joint Committee recommend to the constituent Authorities an increase of one-eleventh in the allocation to work as Medical Officer of Health, with a corresponding reduction of one-eleventh in the allocation of work to the post of Assistant County Medical Officer. It was not until January, 1958, that this representation was considered at a meeting of the Joint Committee, and it was rejected.

GENERAL STATISTICS

Number of Parishes	..	..	..	..	..	..	..	..	31
Area in Acres	..	..	..	..	..	..	..	..	107,424
Population, 1951 Census	..	..	..	..	..	..	..	..	18,020
Population, Registrar General's Estimate for mid Year	..	..	..	..	..	..	..	..	17,530
Density of population—people per acre	..	..	..	..	..	..	..	..	0.15
Number of inhabited houses or flats	..	..	..	..	..	..	..	..	5,613
Number of applications for Council Housing at end of the year, on waiting list	..	..	..	..	..	..	..	..	361
Rateable Value	..	..	..	..	..	..	..	..	£167,455
Product of a penny rate	..	..	..	..	..	..	..	..	£709 : 0 : 8

VITAL STATISTICS

TABLE I—BIRTHS AND BIRTH RATE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
LIVE BIRTHS—Legitimate	179	129	318
Illegitimate	9	7	16
	—	—	—
Total	188	136	324
	—	—	—
STILL BIRTHS—Legitimate	5	6	11
Illegitimate	0	1	1
	—	—	—
Total	5	7	12
	—	—	—
Comparability Factor for Births	..	..	1.04
(This compensates for age and sex distribution of the local population so that the adjusted birth rate can be compared with the rate for England and Wales, and with similarly adjusted birth rates in other areas).			
Live Birth Rate—Crude (Births per 1,000 population)	..	..	17.4
Live Birth Rate as adjusted by Comparability Factor	..	..	18.1
Live Birth Rate for England and Wales; for comparison	..	..	16.1
Live Birth Rate for Wiltshire; (as adjusted) previous year (1956) for comparison	..	..	17.4

Comment

The Registrar General's Estimate of mid year population of the Rural District shows a slight rise but the birth rate remains the same in proportion. Adjusted by comparability factor for age and sex distribution of the population this is 18.1 per 1,000. In view of the great shortage of housing accommodation in the district, and the number of existing houses which lack the desirable facilities for child rearing, it is perhaps fortunate that this year there is no significant increase in the birth rate.

TABLE II—DEATHS AND DEATH RATES

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number of Deaths	92	75	167
Crude Death Rate per 1,000 population	9.6
Comparability Factor for Deaths	0.91
Death Rate as adjusted by Comparability Factor	8.7
Death Rate for England and Wales for comparison	11.5
Death Rate for Wiltshire (adjusted) (previous year)	9.8

Comment. This factor, being less than unity, indicates that the age distribution of the local population is more elderly than that of the country as a whole.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
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Crude Death Rate per 1,000 population	9.6
Comparability Factor for Deaths	0.91
Death Rate as adjusted by Comparability Factor	8.7
Death Rate for England and Wales for comparison	11.5
Death Rate for Wiltshire (adjusted) (previous year)	9.8

Comment. The actual Death Rate for the Rural District is favourable, and the adjusted death rate, to make allowances for the more elderly population, rather more favourable, as compared with the country as a whole, and also with the Wiltshire County Death Rate. The local rate is 1.3 points lower than last year's rate.

NATURAL INCREASE

Increase of Live Births over deaths for the year	..	..	..	..	..	106
Rate of Natural Increase, per 1,000 of Population	..	..	..	..	..	6.1

TABLE III—INFANT MORTALITY

(A) INFANT DEATHS

<i>Under 1 year old</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	5	3	8
Illegitimate	..	0	1	1
		—	—	—
Total	..	5	4	9
		—	—	—
<i>Under 4 weeks old</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	5	2	7
Illegitimate	..	0	1	1
		—	—	—
Total	..	5	3	8
		—	—	—

(B) INFANT MORTALITY RATES (per 1,000 Live Births)

General Infant Mortality Rate (under 1 year old)	..	..	..	27.2
Neonatal Infant Mortality Rate (under 4 weeks old)	..	..	..	24.2
(General Infant Mortality Rate, England and Wales, for comparison)	..	..	..	23.1)

Previous year, for comparison

General Infant Mortality Rates—Salisbury and Wilton Rural District	..	..	..	13.4
—England and Wales	..	..	..	23.8
—Wiltshire	..	..	..	18.5

Comment on Table III

The Infant Mortality Rate of 27.2, is double that of last year but in view of the relatively small numbers concerned, chance probably played a part, as 1 death occurring just before the end of the calendar year makes a difference of about 4 points in the I.M.R. The I.M.R. however must be considered disappointing. Eight of the nine infant deaths occurred during the first four weeks of life, the most vulnerable period, and caused the raised "Neonatal" Mortality Rate of 23.1.

TABLE IV—Certain "Specific" Death rates in Inverse "Health Index" Value (Rates per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms) (both sexes)	..	..	..	..	2
Tuberculosis Death Rate	..	..	..	..	0.12
Deaths due to Respiratory Tuberculosis	..	..	..	..	2
Respiratory Tuberculosis Death Rate	..	..	..	..	0.12
Previous year's Respiratory Tuberculosis Death Rate, England and Wales, for comparison	..	..	..	..	0.11
(2) Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	..	..	..	..	1
Maternal Mortality Rate—per 1,000 live and still births	..	..	..	..	0.06
Previous year's Maternal Mortality Rate—Wiltshire	..	..	..	..	0.3

(3)	Deaths from Cancer and related malignant diseases	..	..	..	..	32
	Specific Death rate from Cancer	..	..	..	..	1.8
	Previous year's Death Rate from Cancer, Wiltshire	..	..	..	..	1.7
(4)	Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	..	85
	Specific Death Rate from Heart Disease and other diseases of the circulatory system					4.9
(5)	Deaths from Accidents and Violence	..	..	..	..	7
	Specific death rate from Accidents and Violence	..	..	..	..	0.4

Comment

Certain of these specific "index" mortality rates are analysed, or broken down, in the following Table V. On the whole these "inverse indices" of the state of health of the community are satisfactory.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups, labelled "A" to "G" as set out in Table V.

TABLE V—ANALYSIS OF CAUSES OF DEATH

Group A—Certain Communicable Diseases			Male	Female	Total	Rate per 1,000
1. Tuberculosis—Respiratory	..	..	1	1	2	0.12
2. Tuberculosis—Other	..	..	0	0	0	0
3. Syphilitic Disease	..	..	0	1	1	1
4. Diphtheria	..	..	0	0	0	0
5. Whooping Cough	..	..	0	0	0	0
6. Meningococcal Infections	..	..	0	0	0	0
7. Poliomyelitis	..	..	0	0	0	0
8. Measles	..	..	0	0	0	0
9. Other Infectious and Parasitic Diseases (other than Influenza and Pneumonia)	..	0	0	0	0	0
Total Group A	..	1	2	3	0.17	
		=	=	=		

			<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000</i>
Group B—Cancer and related Malignant Diseases						
10. Malignant Neoplasm—Stomach	..	..	2	0	2	
11. Lung or Bronchus	..	..	3	0	3	
12. Breast	..	..	0	3	3	
13. Uterus	..	..	0	0	0	
14. Other Malignant or Lymphatic Neoplasm	..	..	18	6	24	
15. Leukaemia or Aleukaemia	..	..	0	0	0	
Total Group B	....	..	23	9	32	1.8
			==	==	==	==
Group C—Diabetes						
16. Diabetes	..	..	..	0	0	0.0
			==	==	==	==
Group D—Heart and Other Diseases of Circulatory System						
17. Vascular Lesions of Nervous System	..	..	8	15	23	
18. Coronary Disease or Angina	..	..	20	13	33	
19. Hypertension with Heart Disease	..	..	2	1	3	
20. Other Heart Diseases	..	..	10	13	23	
21. Other Circulatory Diseases	..	..	2	1	3	
Total Group D	..	..	42	43	85	4.9
			==	==	==	==
Group E—Respiratory Disease (other than Tuberculosis)						
22. Influenza	..	..	..	0	1	1
23. Pneumonia	..	..	..	5	4	9
24. Bronchitis	..	..	..	3	2	5
25. Other Diseases of Respiratory System	..	..	..	0	0	0
Total Group E	..	..	8	7	15	0.8
			==	==	==	==
Group F—(Miscellaneous)						
26. Ulcer of Stomach and Duodenum	..	..	0	1	1	
27. Gastritis, Enteritis and Diarrhoea	..	..	0	0	0	
28. Nephritis and Nephrosis	..	..	1	1	2	
29. Hyperplasia of prostate	..	..	3	0	3	
30. Pregnancy, Childbirth, Abortion	..	..	0	1	1	
31. Congenital Malformation	..	..	0	0	3	
32. Other Defined and Ill-Defined Diseases	..	..	9	8	17	
Total Group F	..	..	13	11	24	1.4
			==	==	==	==

Group G—Accidents and Violence

33. Motor Vehicle Accidents ..	..	..	3	0	3	
34. All other Accidents ..	..	..	1	1	2	
35. Suicide ..	..	..	0	2	2	
36. Homicide and operations of war ..	..	..	0	0	0	
			—	—	—	—
Total Group G	..	..	4	3	7	0.4
			—	—	—	—
37. ALL CAUSES ..	..	..	92	75	167	9.6
			—	—	—	—

Comment on Table V

Diseases of the Heart and Circulatory System (rate 4.9 per 1,000) account for half the total crude death rate of 9.6, still the biggest causal group of killing diseases.

Cancer and related malignant conditions accounted for one fifth of the death rate, slightly less than last year (one quarter). Lung cancer in males and breast cancer in females were the principal Cancer killers among those precisely diagnosed.

In the communicable diseases classed in Group A there were only 3 deaths, two from Tuberculosis, and one from Syphilitic Disease. There were seven deaths from accidents and violence including two suicides. The low death rate from Tuberculosis (all forms), 0.12 per 1000, is comforting (even though people suffering and perhaps disabled, from the disease, can be kept alive much longer than formerly), but there were ten new cases of Tuberculosis notified during the year, an increase from 8 last year (See Table VII).

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

Smallpox The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the "pointers" towards the health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and, so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, Diphtheria and Whooping Cough immunisation either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Poliomyelitis immunisation, is done either by County Council Medical Officers or by other Medical Practitioners engaged by the C.C. on a sessional basis at similar Clinics. Partial protection against Tuberculosis is available for Tuberculin negative 13-year-old school-children through the County Council Medical Officer, and to selected other cases (usually contacts of cases of Tuberculosis), from N.H.S. Chest Physicians. In this area, all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. It is expected that the County Council will enormously increase Poliomyelitis immunisations in 1958 as vaccine becomes more plentiful.

Diphtheria

Whooping Cough

Tuberculosis

Poliomyelitis

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria, smallpox, and whooping cough in the district, but figures for Poliomyelitis immunisations carried out during 1957 were not yet available by the time this Report was written.

TABLE VI—IMMUNISATION STATISTICS

(A) DIPHTHERIA and (B) WHOOPING COUGH

Age Group		Under 1	1	2	3	4	5—9	10—14	Total Under 15
Primary immunisations	Diph.	179	30		22		19	4	253
completed during 1957	Wh/c.	171	36		18		4	0	229
Reinforcement immunisations administered during 1957	Diph.	—	3		26		184	2	215
	Wh/c.	—	1		20		16	—	37
Total immunised child population at 31st Dec. 1957	Pre. 1.1.53.						314	836	1150
	.. Post 1.1.53.	54	185	195	227	208	1104	581	2554

(C) SMALLPOX

AGE GROUP	Under 1	1	2—4	5—14	15 or over	Total
Immunisations	..	114	3	6	3	11
Re-Immunisations	..	0	1	1	11	59

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age-distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one fifth or 20% of the total "all age" population. Salisbury and Wilton Rural District has a slightly higher birth rate than the national average, so one can safely assume that at least one fifth of the total estimated population of 17,530 are children under 15. On the basis of this estimate there would be at least 3,500 children under 15 in the district, and the total of 2,554 children under 15 immunised against diphtheria at some time is therefore excellent. Although there were more of the younger children protected than during the previous year, still too few of these are immunised before their first birthday, indeed too few before school entry. Table VI shows that only 179 babies under twelve months and 52 aged 1-4 years were immunised against diphtheria during the year although 324 babies were born during the year. More "health education" for earlier immunisation against diphtheria and whooping cough is indicated, and the family doctors, health visitors, midwives, home nurses and the staff of the Maternity and Child Health Clinics can all play their part in encouraging this. The increasing popularity of whooping cough immunisation (combined with diphtheria protection) is also assisting in this matter, since to be of maximum value the whooping cough protection should be started about three months old. I am glad that the Wiltshire County Council has so far not rushed into what appears to me a panicky and administratively tangling retreat from the combined Whooping Cough and Diphtheria method of immunising which some other, and neighbouring, Local Health Authorities have been persuaded to join on the strength of very flimsy evidence that the method may tend to provoke the onset of paralysis in a person who is harbouring the virus of Poliomyelitis which otherwise might have remained dormant. I think the County Council should be congratulated on its courage in adhering to the simpler and more efficient and attractive method.

Table VI shows up a poor position in regard to smallpox immunisation (so-called "Vaccination") for though 114 children under age 1 were immunised the total Immunisations and Re-Immunisations, added together for all other ages, only amounted to 95. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this District is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

There is a good deal to be said in favour of combined diphtheria, whooping cough and tetanus protection, especially in an agricultural district, but at present tetanus protection is only available through the family doctors.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VII.

Measles was prevalent during the year, but otherwise there is nothing requiring special comment in the main table, indeed the year was a particularly good one in the relative freedom from even the minor notifiable communicable diseases. Incidentally, from unofficial information, this also applied to non-notifiable communicable diseases, such as rubella, though not to the common cold, nor to influenza, which this district did not escape during the national epidemic.

A separate note on Food Poisoning cases follows in Table VII (a).

TABLE VII—NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

			Sub	Total (main disease)	Group Total
1. Tuberculosis					
(a) Respiratory	6	
(b) Meninges and Nervous system	..			0	
(c) Other Forms	4	
(d) Group Total	10	10
2. Other Respiratory Notifiable Diseases					
(a) Whooping Cough	28	
(b) Pneumonia Acute	3	
(c) Group Total	31	
3. Diphtheria	0	0
4. Meningococcal Infection	1	1
5. Virus Diseases of Nervous System					
(a) Poliomyelitis—Paralytic	3	
(b) Poliomyelitis—Non-Paralytic	1	
(c) " —Total	4	
(d) Encephalitis—Infective	0	
(e) Encephalitis—Post Infectious	0	
(f) " —Total	0	
(g) Group Total	4	
6. Other Notifiable Virus Diseases					
(a) Measles (excluding Rubella)	124	
(b) Smallpox		
(c) Group Total	124	

7. Alimentary Infection or Poisons				Sub	Main Disease	Group Total
(a) Dysentery—Bacterial	0					
(b) Dysentery—Other	0					
(c) " —Total		0				
(d) Typhoid Fever		1				
(e) Paratyphoid Fever		0				
(f) Food Poisoning	10					
(g) Group Total			11			
8. Streptococcal Group						
(a) Scarlet Fever	4					
(b) Erysipelas	1					
(c) Group Total			5			
9. Miscellaneous Groups						
(a) Puerperal Pyrexia	84					
(b) Ophthalmia Neonatorum	0					
(c) Other Notifiable Diseases	0					
(d) Group Total			84			
10. All "Notifiable Diseases" Total						268

Comment.

It is important to note that certain common communicable diseases such as influenza, rubella and mumps and also venereal disease are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified. Under present regulations notifiable communicable diseases that are first diagnosed after admission to hospital must be notified to the Medical Officer of Health of the district in which the hospital is situated, irrespective of where they live. This accounts for a number of cases from other districts being notified to me, since the main infectious disease hospital for all districts near Salisbury is at Odstock. This shows itself also, and more vividly concerning Puerperal Pyrexia. Most women who bear their babies in hospital in South Wiltshire, North-east Dorset and Western Hampshire do so in the maternity wards at Odstock. Any women who develops a temperature of 100.4°, irrespective of cause, within fourteen days of childbirth must be notified as Puerperal Pyrexia. In considering the figures, therefore, we must remember that many (indeed most) of these cases do not derive from the S. and W. R. D., since Salisbury City, Amesbury R. D., Mere and Tisbury R. D., Ringwood and Fordingbridge R. D., Romsey and Stockbridge R. D. and other districts, also feed Odstock Hospital, and also that most of the cases are not cases of communicable diseases at all. Many are just natural reactionary heatings following the excitement, stretchings and tearings of childbirth, or due to engorgement of the breasts, or some other fairly trivial cause.

Hospital Accommodation for Communicable Diseases

The Communicable Disease Block at Odstock Hospital serves this District for all ordinary cases of communicable disease that are better cared-for in hospital. For many cases however, home care is the best, and most cases of measles, whooping cough, scarlet fever, food poisoning, etc., are usually left at home. Ordinary cases of paralytic Poliomyelitis go to Odstock Hospital, but Regional arrangements are made for "Bulbar" cases, with difficulty in breathing or swallowing, to be treated in a special unit at Portsmouth Communicable Disease Hospital. Special ambulance facilities, with expert travelling and nursing teams, are part of this service.

FOOD POISONING

TABLE VII (a) is a copy of the "Annual Return" of the Food Poisoning notifications which is sent to the Ministry of Health. This analyses the "Food Poisoning" cases according to whether they occurred as outbreaks or isolated cases (sometime hard to distinguish), and according to their cause,—bacterial infective, bacterial toxic, chemical, etc.

TABLE VII(a) — FOOD POISONING

(Salmonella Infections that are not considered to be food borne are not included under Items 2, 3, or 4, but are shown separately under Item 5).

1. Local Authority Salisbury and Wilton R.D. 1957

2. (a) Food Poisoning Notifications (Corrected) as returned to Registrar General

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2	3	3	2	10

(b) Cases otherwise ascertained

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-------------	-------------	-------------	-------------	-------

(Records of non-notified cases begun 1958 only)

Symptomless excretors discovered :

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-------------	-------------	-------------	-------------	-------

(Records of non-notified cases begun 1958 only)

(c) Fatal Cases

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

3. Particulars of outbreaks

	No. of outbreaks		No. of cases		Total No. of Cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified*	1	0	2	2
Agent not identified	1	0	2	2

4. Single cases

	No. of Cases		Total No. of Cases
	Notified	Otherwise ascertained	

Agent identified*

(a) Chemical Poisons (type to be stated) ..	..	0	0
(b) Salmonella (type to be stated) ..	..	2 (Typhimarium)	0
(c) Staphylococci (including toxin) ..	..	0	0
(d) Cl. botulinum ..	..	0	0
(e) Cl. welchii ..	..	0	0
(f) Other bacteria ..	..	0	0
Agent not identified ..	..	4	0

5. Salmonella infections, not food borne

Salmonella (type)	Outbreaks		No. of cases (outbreaks)	Single Cases	Total No. of cases (Outbreaks and single cases)
	Family	Other			
(Records begun in 1958 only)					

Comment

This table is set out in revised form to coincide with the new type of annual return demanded by the Ministry of Health for 1958, but detailed statistics for non-notified cases or carriers are not yet available, though will be obtained for next year. This year's figure's show a remarkable freedom from serious food poisoning disease.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised appendages such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "chronic sick" and aged people, outside hospitals.

The District Medical Officer of Health is also closely concerned with tuberculosis cases, especially in regard to their Housing, and to prevention of infection, spread in their homes, and sometimes work.

Since 1954, your Medical Officer of Health, who had not previously been associated with these services, now spends nearly half his time working for the County Council, principally with the School Health Services and at Child Health Clinics. He also conducts many Immunisation Clinics, also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The School Health care, and special educational needs, of handicapped children also comes under the Wiltshire School Health Services, and your medical Officer of Health is closely concerned with this work especially concerning the many mentally backward children.

School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals. The coming into operation at the end of 1955 of the Food Hygiene Regulations 1955 has already brought about considerable improvement in these meal facilities, and set new standards of conduct for personnel.

Handicapped Adults

The care of handicapped adults, including the blind and deaf, and of old people also comes under the County Council services. But the Local Authority has certain powers in regard to old or neglected people, under Section 47 of the National Assistance Act, 1948. This Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own authority in emergency to obtain a Justice's Order for the admission to hospital or a home of a person for a period of up to one month's detention.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing "care and attention" with a view to action under the Act. In each case however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. It was not necessary to use the emergency powers during the last two years in this Rural District.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of body wastes (drainage, sewerage, etc.) refuse collection & disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of your Chief Public Health Inspector, Mr. J. A. Furley, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the report.

1. Housing

As stated in previous reports, within the limits of climate, geography and type of locality, (e.g. agricultural as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, (radios, late nights etc. over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved for more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these are big enough. Many people are living in unsuitable accommodation who have not applied for Council Housing.

At the end of the year there were still 361 actual applications for Council Housing on the waiting list, 131 less than last year but 4 more than at the end of 1954. This decrease to the waiting list for Council Houses has occurred in spite of a decrease of 101 in the number of inhabitable houses in the District, 5613 at the end of the year as compared with 5714 at the end of last year.

The Council is, however, to be congratulated upon the very substantial boost to housing that it has given by making Improvement Grants to a value of £23,033 towards the cost of improving and modernising old houses, providing bathrooms, water closets, etc. In this way, 68 houses have been made good and resuscitated during the year. Since the grants were first permitted under the Housing Act, 1949 a total of 285 houses has been "saved" and improved by means of these grants, totalling £22,989. Readers are commended to refer to what Mr. Furley has to say in greater detail about this work in his section of the Report.

As stated in my 1956 Report, but repeated now because of its continued importance, in this country, overcrowded as it is, in relation to the population that can be sustained on native food production, conservation of every acre of agricultural or potentially agricultural land is now a fundamental necessity. I need not repeat my argument in favour of building tall blocks of apartment dwellings, tall enough to make "lifts" economical. What I have written in my 1955 and 1956 Reports is still what I believe to be the right policy.

Tall buildings should not be a monopoly of towns and suburbs. When set in the countryside they can be made to look quite beautiful, blending with the landscape better than some of the rows of terrace or semi-detached houses.

The nuclear portion of this Rural District is already becoming a substantial dormitory area for the towns of Wilton and Salisbury. With every increase of one or two storeyed housing development there is a corresponding encroachment upon Great Britain's relatively small proportion of agricultural land. It is to be hoped that this matter will be regarded in a national, if not an international light, and it is again recommended that this Council will consider a policy of building upwards.

2. Water Supplies

Only twelve of the thirty-one parishes are now not supplied with satisfactory, piped water. It is hoped that three of these parishes will have piped water from the Council's mains during 1958.

Quality

The quality of the Public supplies, as indicated by a great many bacteriological and a few chemical analysis has been good, with the one qualification that the fluoride content of the waters is not up to the standard required to promote the building of strong, durable teeth, resistant to decay in young growing children.

During the year, in addition to routine full chemical analysis of the waters used in the main regional distribution supplies, more frequent analysis just for fluoride content, started in 1955, were continued at intervals. The following results were obtained. For good dental health a fluoride content of one part per million water is desirable.

FLUORIDE CONTENT OF MAJOR WATER SOURCES (Parts per million water)

Source	1955	1956	1957	1958
Ebbesbourne Wake			(8th April) Less than 0.1	
Farley	(22nd June) 0.8	(5th March) 0.1	—	—
Fovant (borehole)	(14th April) 0.6	(11th Jan.) 1.0	(21st May) 0.6	
Pitton	(19th April) 0.7	(27th Feb.) 0.1	—	—
Salisbury City Supply at Laverstock			(19th June) 0.1	(12th Feb.)
West Hants Water Supply Co. (Taken at Downton)	(14th April) 0.3	(22nd Feb.) 0.4	—	0.3
Whiteparish (Gatmore Pumping Station)	(12th April) 0.2	(13th Feb.) 0.2	(20th May) 0.1	
Wylde (borehole)	(13th June) 0.05 (14th Dec.) 0.15	(10th Jan.) 1.0	—	(21st Jan.) 0.1

Note. As this report was still being written in August, 1958, a few analyses made during 1958 are also included in this Table, for interest.

These tests show that there is considerable fluctuation in the analysed fluoride content of these waters. Indeed the Fovant supply is the only major source in this district which appears to be fairly consistently pumping water at about half the desirable strength of fluoride. It should therefore be easy to supplement this water by adding a little more sodium fluoride to it at the pumping station. The wide fluctuations shown by the Wylde Regional source are quite curious.

3. Milk Supply

Details of supervision and sampling of milk supplies will be found in the Chief Public Health Inspector's section of this report.

From the viewpoint of prevention of milk born disease the two most important tests to which samples are subjected are :

- (a) The Phosphatase tests, for checking the adequacy of the Heat Treatment of Pasteurised milk. Here, most of the sampling is done by the County Council staff, as the Wilts. C.C. is the licensing authority for actual Pasteurisers. Copies of reports on the samples taken by the W.C.C. are sent to me, and, as regards this district, have been satisfactory, none failing to pass the phosphatase test.
- (b) The Biological tests, for detecting presence of living tuberculosis or brucella germs in the milk. Here 42 samples (3 from non-designated and 33 from Tuberculin tested raw milks) were analysed by the 5 week guinea-pig and Culture tests, and it is very reassuring to report that all samples were negative for tuberculosis, all except 3 negative for brucella. The positive brucella tests concerned milk supplies in the Barford St. Martin and Downton areas, and in both cases arrangements were made for heat treatment of that portion of the milk supply that had formerly been sold raw for local consumption until veterinary investigation and the treatment of the herds concerned, and subsequent further biological sampling indicated the clearance of the infection.

4. Sewage Disposal.

In my reports for the last few years the distressing conditions in the parishes of Downton and Berwick St. James have been recorded, indeed a predecessor of mine, Dr. J. E. Gordon, drew attention to the dangerous state of Downton as long ago as 1914. At last however approval from the Central Government has been obtained to proceed with an almost complete scheme for Berwick St. James, and a substantial sewerage of Downton and at the time of writing this report in 1958 both schemes are well under construction.

Sewerage at Fovant and Barford St. Martin is urgently needed also. The Fovant scheme has now been worked out, and is awaiting Ministry approval, but its lack is the source of much discomfort in Fovant, for owing to the large water cress beds in the centre of the village which send supplies of this excellent vegetable all over the country, the use of septic tanks, cesspits, etc. has had to be prohibited, for the danger of pollution to the water cress beds from effluents or soakaways from septic tanks, or from leaky cesspits, would be too great, especially as the water table in the Fovant subsoil is very close to the surface.

This means that the unfortunate inhabitants cannot have water closets, but have to rely on chemical closets or bucket privies. The latter, if not chemically supplemented, are still a possible source of danger as their contents although collected by nightsoilmen may occasionally be spilled or slopped over, and during rainy periods, traces of the ordure could be washed into the stream running into the cress beds.

Unhealthy conditions also exist in Barford St. Martin, again with a very high water table, with difficulty in absorbing effluent from septic tanks without pollution to the river Nadder. The archaic water "trough closets" at Barford School are probably as offensive and unhygienic as the "earth-shed-battery-closet" at Berwick. The extension of the Fovant water to supply Barford and Burcombe will however reduce the present risk of drinking polluted well water.

In brief, up to the end of 1957, apart from the little private Sewerage Schemes serving part of Berwick St. James, a few houses in Barford St. Martin, also the small Sewerage Systems serving groups of Council Houses throughout the district, the only village which is properly sewered is Quidhampton, draining into the sewer from Wilton Borough to Salisbury. Part of the village of Laverstock is sewered. It is hoped that the remainder will begin to be sewered next year.

5. Food Hygiene

There has been a modest improvement in the hygiene of equipment and operation of food establishments, schools, public houses, etc. during the year, partly due so the operation since 1956 of the Food Hygiene Regulations 1955, but much still remains to be done.

6. Refuse

During the year the Council began negotiations for acquiring, with the object of introducing "controlled tipping", and fencing off to frustrate unauthorised tipping and reduce accident risk, the great depression at Lode Hill, between Downton and Redlynch, where the Council's contractor tips his loads. By the end of the year the existing owner of the depression had not been determined however.

7. Swimming Facilities.

The Rural District is fortunate in having five lovely rivers, the Avon, Wylye, Till, Nadder and Ebble threading it. In various pools in these rivers quite good swimming and bathing facilities exist, with only a small risk of infection from pollution, except in a few special localities near to small sewage out-falls which have been reported on.

There remains, however, the risk of drowning. People are advised always to bathe in groups rather than singly, and everyone who bathes, or supervises children bathing, should know a good simple method of Artificial Respiration, such as the Holger-Neilson method. I hesitate to advise installation of notices indicating danger spots, because even the most innocuous shallow may be dangerous in certain circumstances to a non-swimmer, or to someone who may be a perhaps unknown sufferer from heart disease or epilepsy. Also the erection of such notices would probably scare people off bathing altogether, which would be a pity.

It is, however, unfortunate that in a district with much attractive river water, there are still so few facilities for teaching children to swim. All children should be taught to swim as young as possible, certainly by primary school age. All children, and adults, should be taught the Holger-Neilson system of Artificial Respiration. These two accomplishments would be most conveniently taught in the Primary Schools. So far as I am aware swimming is not yet taught in any primary school within the district.

8. Tobacco Smoking

In the summer, a special report on the public health dangers of excessive tobacco smoking was presented to the Council. The report dealt with the indirect effect on mental and physical health due to the drain upon the family budget of the tremendous cost of tobacco and cigarettes (20 average cigarettes daily costing about £70 a year for each smoker), and with the increasingly realised risk of developing, and dying from, cancer of the lung and breathing passages.

A certain amount of Health Education, in the form of pamphlets and posters, has followed up this report. There was also some press comment. The latter filtered through to a well known London Sunday newspaper that printed a most carelessly inaccurate account of a section of my report, and on the basis of this incorrect factual point developed into a sneering attack upon myself and unfortunately also upon a colleague who is Medical Officer of Health of a neighbouring local authority, with whom I had been in consultation when I produced my report. Immediate representations were made to the newspaper concerned, requesting correction of the error that had been made, but without success.

Since my report was made to this Council, the County Medical Officer of Health made a report to the County Health Committee, following which the County Health Committee and the Education Committee have already instituted useful action, which will no doubt be referred to in the Annual Reports of the County Medical Officer of Health and of the Principal School Medical Officer for Wiltshire.

The connection between heavy smoking of tobacco, especially as cigarettes, and lung cancer now requires no further demonstration on a national scale, but as local figures are of rather special interest, I have begun investigations of the smoking habits of all people who have died of lung cancer in this district. As expected most illuminating findings have already been made. It is most extraordinary what tremendous quantities of tobacco, in cigarettes and pipes, some of these men have consumed daily. The "heavy smoking" criterion of one gramme of tobacco (or 20 average size cigarettes) daily, has even been trebled or more. After the cancer was discovered the victim has often reduced or given up smoking, but too late.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following interesting statistics concerning Cancer generally, and Cancer of the lung, over the five years, 1940, 1945, 1950, 1955, and 1956. It will be seen that in males, Cancer of the lung has increased, over the county, far more rapidly than "all forms" of Cancer, in which incidentally, Cancer of the lung is included, not excluded, so that the increase in case deaths contributes to and must be largely responsible for, the general increase. An even greater increase, and greater relative increase for lung Cancer deaths, is shown by the national statistics over the four years, 1940, 1945, 1950, and 1955.

TOBACCO SMOKING AND CANCER OF THE LUNG

The following Tables show the mortality from Cancer of the lung and from all forms of Cancer in Wiltshire and in England and Wales from 1940 to 1956.

DEATHS FROM CANCER OF THE LUNG AND FROM ALL FORMS OF CANCER

Year	Wiltshire				England and Wales			
	Cancer of the lung		All forms of cancer		Cancer of the lung		All forms of cancer	
	Male	Female	Male	Female	Male	Female	Male	Female
1940 ..	23	7	268	283	4047	1180	33135	35605
1945 ..	39	10	286	309	5805	1356	37318	38394
1950 ..	58	11	306	312	10254	1987	43570	41700
1955 ..	96	13	357	340	14821	2451	48160	43180
1956 ..	101	12	364	329	Not available			

DEATH RATES PER 100,000 POPULATION FROM CANCER OF THE LUNG AND FROM ALL FORMS OF CANCER

Year	Wiltshire		England and Wales	
	Cancer of the lung	All forms of cancer	Cancer of the lung	All forms of cancer
1940 ..	8.8	161.5	13.1	172.3
1945 ..	14.8	179.6	18.8	198.4
1950 ..	18.1	161.8	28.0	194.5
1955 ..	27.4	175.3	38.8	205.5
1956 ..	28.1	172.3	Not available	

(Separate rates for males and females are not available because the annual estimates of the population of Wiltshire do not differentiate the sexes).

F. J. G. LISHMAN,

August, 1958.

RURAL DISTRICT OF SALISBURY AND WILTON
ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1957

Mr. Chairman, Madam and Gentlemen,

I have the honour submit my Annual Report for the year 1957.

I would like to take this opportunity of thanking the Staff of my Department for the very efficient, conscientious and courteous way in which they have carried out their duties during the past year and to whom much credit is due in connection with work carried out.

J. A. FURLEY,

Chief Public Health Inspector.

SANITARY INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections re Water Supply	94
" " " re Drainage and/or Sanitary Accommodation	161
" " " re Moveable Dwellings (Section 269)	121
" " " re Buildings of Temporary Material (Section 53)	15
" " " re Factories Act	11
" " " re Infectious Diseases	4
" " " re Investigation of Food Poisoning	8
" " " re Verminous or filthy premises	5
" " " re Insect infested premises (Cluster flies etc.)	11
" " " re Miscellaneous Complaints	88
" " " to take Water Samples	108
" " " re Aged and Infirm Persons	9
" " " re Refuse Collection	14
" " " re Foul Ditches	18
" " " to take Sewage Samples	7
" " " re Dangerous Buildings	14

Housing

Number of Inspections and Visits under Housing Act 1936 and 1957	380
" " " " under Housing Acts 1949/1952	484

Meat and Food Inspection

Number of Visits to Slaughterhouses approx.	236
" " " to Shops and Premises	25
" " " to Dairies	20
" " " re Ice Cream	6
" " " to Cafes	5
" " " to Bakehouses	8
" " " to Hotels and Public Houses	22

HOUSING

The following statistics show the work carried out under the Housing Acts 1936, 1949, 1952, 1957, the Housing Repairs and Rents Act, 1954 and the Rent Act, 1957.

The change of emphasis in recent housing policy has now been carried a step further during 1957. The gradual slowing down of the erection of new local authority houses has now taken effect and the present building programme is designed mainly to re-house occupants of dwellings subject to Demolition Orders made under Section 16 of the amending Housing Act of 1957.

The number of houses built by the Council during the year again shows a substantial drop over previous years—27 new houses being completed last year as against 66 in 1956. The number of new private enterprise houses completed during the year remained fairly constant at 86 as against 81 in 1956.

I should also like to draw attention to the progressive work carried out by way of Improvement Grants made in respect of properties lacking modern amenities. This excellent scheme enables the reconstruction of properties to be carried out in a manner to the complete satisfaction of both the owners and the Council. Such work is bound to have a very great effect on the standard of housing generally in the District for many years to come.

The total amount of grants approved since the inception of this Scheme until the end of 1957 was £82,989.

The Council's five year Slum Clearance Programme has proceeded without any delay and at present this is already showing signs that it will be satisfactorily completed within the time allowed.

HOUSING STATISTICS FOR 1957

1.	Number of permanent dwellings in district at end of year	5613
2.	Number of permanent dwellings in district owned by local authority	712
3.	Number of applications for Council houses at end of year	367
4.	Inspection of dwellings during year :	
	(i) Inspected for housing defects under Public Health Acts	80
	(ii) Inspected for housing defects under Housing Acts	110
	(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	70
	(iv) Number of dwellings found not to be in all respects reasonably fit for habitation	40
5.	Number of dwellings rendered fit in consequence of Informal Action	47
6.	Proceedings under Public Health Acts :	
	(i) Number of dwellings in respect of which formal notices were served	2
	(ii) Number of dwellings rendered fit after service of formal notices :—	
	(a) By Owners	2
	(b) By Local Authority in default of owners	Nil
7.	Proceedings under Section 11 Housing Act, 1936, and Section 16 Housing Act, 1957 :	
	(i) Number of Demolition Orders made	36
	(ii) Number of Houses demolished as result of Demolition Orders	15
	(iii) Number of undertakings accepted	8
	(iv) Number of undertakings completed	6

8. Proceedings under Section 12 Housing Act, 1936, Section 3 Housing Act, 1949, Section 10 Local Government (Miscellaneous Provisions) Act, 1953, Sections 17, 18, 27 Housing Act, 1957 :

(i) Number of dwellings where Closing Orders were made	1
(ii) Number of dwellings closed as result of Closing Orders or undertakings by owners	1
(iii) Number of dwellings where Closing Orders were cancelled in consequence of premises being made fit	Nil

9. Houses erected or converted during year:

1st January, 1957 to 31st December, 1957	Houses erected during year		Houses in course of erection		Gained from con- version of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
	Slum	Other	Slum	Other		
	Clearance	Purposes	Clearance	Purposes		
Local Authority	..	27	0	33	0	0
Private Enterprise	..	0	86	0	47	0
TOTALS	..	27	86	33	47	0

Improvement Grants made under the Housing Act, 1949-54.

10. No. of applications and houses dealt with by Local Authority:—

Number of houses improved as result of Grants:—1.1.57 to 31.12.57

<i>No. of grants made by Local Authority</i>	<i>Cost of grants made</i>	<i>No. of Apps. in respect of Own./Occ.</i>	<i>average amount of grant payable by local authority</i>	<i>No. of houses completed including new houses brought into use by conversion</i>
70	£23,033	9	50%	68

11. No. of Houses erected from 1st April 1945 to 31st December 1957

<i>By Local Authority</i>	<i>By Private Enterprise</i>
569	401

12. Rent Act, 1957

No. of applications for Certificate of Disrepair	6
No. of Certificates granted	2
No. of Undertakings given by Landlords	2

13. Public Health Act, 1936

Section 269 - Number of licensed caravans	..	..	..	..	53
Section 59 - Number of temporary dwellings	..	..	..	..	34

WATER SUPPLY

Again I am happy to be able to report further progress in water-Water Schemes during 1957. Mains were laid and completed to Compton Chamberlayne, Alderbury and West Grimstead and at the time of writing this report it is hoped that work will be commenced shortly on the South Western Area Scheme to supply Dinton, Barford and Burcombe. This will then only leave the Chalke Valley area without a piped water supply.

The progress that has been made by the Council regarding water supplies during the past ten years is worthy of special mention and should compare very favourably with any other area, more especially when we consider the magnitude of the task which has to a very large degree been overcome by progressive planning and the clever adaptations of equipment and sources of supply readily available.

The Council own and control six major pumping stations for public supplies. Bulk supplies are taken from Salisbury City, Wilton Borough and the West Hants Water Company; whilst the South Eastern Parishes of Downton, Landford and Redlynch are in the Statutory area of the West Hants Water Company. Seven other small pumping stations are operated to supply Council Estates.

The present position regarding water supply is as follows :—

	Population 1951 Census	The Population Supplied with Water From Council Sources	From Bulk Sup- plies through Council's Mains	From other Sources outside Council's Control
Alderbury	1029		1029	
Berwick St. James	173			173 (Private Supply)
Britford	582		200 (Approx.)	
Compton Chamberlayne	170	170		
Clarendon Park	315			315 (Private Supply)
Dinton	458	200		250 (Manor Farm Private Supply)
Downton	1701			1701 (In the West Hants Water Company's Sta- tutory Area)
Ebbesbourne Wake	221	221		
Fovant	416	416		
Great Wishford	234	234		
Grimstead (East)	130	130		
(West)	104		104	
Landford	492			492 (In the West Hants Water Company's Sta- tutory Area).
Laverstock	1610		1610	
Netherhampton	221		221	

	Population 1951 Census	The population supplied with water			
		From Council Sources	From Bulk Supplies through Council's Mains	From other Sources outside Council's Control	
Odstock	561			561	(Longford Estate Supply)
Pitton and Farley	452	452			
Quidhampton	370		370		
Redlynch	2194				2194 (In the West Hants Water Company's Sta- tutory Area).
South Newton	436	436			
Stapleford	267	267			
Steeple Langford	458	458			
West Dean	180			180	(Norman Court Estate Supply).
Whiteparish	847	847			
Winterslow	1022			1022	(Supplied by the Winterslow Water Society).
Wylde	400	400			
TOTAL	15043	4231	3534	6888	

ANALYSIS OF WATER SAMPLES

The number of water samples taken last year showed a further fall—due no doubt to the extension of the Council's mains. The majority of the unsatisfactory samples were taken from suspicious sources outside the Council's control and quite frequently following complaints from the occupier of the premises served.

The Chemical analysis of samples taken from the Council's sources all proved satisfactory, but the two unsatisfactory samples mentioned below were from private wells.

1. Bacteriological

(a) Number of samples taken of raw untreated water supplies	..	..	..	111
(b) Number of samples taken of treated water supplies	..	..	..	19
	—			130

Analysis of Reports

(a) RAW, UNTREATED WATERS							
Number Excellent	..	..	..	..	..	..	44
Number Satisfactory	..	..	..	..	..	..	11
Number Suspicious	..	..	..	..	..	..	14
Number Unsatisfactory	..	..	..	..	..	..	42
	—						111

(b) TREATED WATER SUPPLIES							
Number Excellent	..	..	..	..	..	..	17
Number Unsatisfactory	..	..	..	..	..	..	2
							— 19
							— 130

2. Chemical

Number entirely satisfactory	..	..	..	..	..	..	..	7
Number unsatisfactory	..	..	..	..	..	..	..	2
								— 9

SEWERAGE AND SEWAGE DISPOSAL

It gives me very great pleasure to be able to report on the fact that works have commenced on the Contracts for the provision of Public Sewers, together with the necessary Disposal Works, in the Villages of Downton and Berwick St. James.

It is interesting to note that as long ago as 1914, Dr. J. E. Gordon, who was at that time Medical Officer of Health for the Salisbury Rural District Council, reported upon the unsatisfactory sanitary conditions in the Village of Downton, and that I have during the past 8 years repeatedly drawn attention to the very urgent need of this Scheme, and to the great Public Health hazard which up to now has existed, and will continue to exist until such times as the Scheme becomes operative. Schemes for Fovant, Barford St. Martin and Laverstock are also coming forward from the planning stage and have now been approved in principle. It is hoped that I may be in a position to report upon the commencement of works at these Villages next year.

Sewage Disposal Plants on Housing Sites

The Council now own and control thirty-two small Sewage Disposal Plants serving Housing Estates. These small units are scattered throughout the area and call for the highest degree of maintenance if they are to function satisfactorily. A number of samples of the effluent from these works were taken last year and of these only two complied with the Standards of Effluent laid down by The Royal Commission on Sewage Disposal.

FOOD INSPECTION

Inspection and Supervision of Meat

In the Area two Slaughterhouses have been licensed during the year, one being The South Wilts Bacon Curing Company's Factory at Downton, which is quite a large factory and the other is a very small Slaughterhouse owned by the Village Butcher in the Parish of Winterslow.

I have shown below two tables, one giving the actual amount in lbs. of meat and offal condemned and the other showing whole carcases and parts of carcases condemned for tuberculosis and non-tuberculous diseases. The figures show a remarkable degree of comparison with the previous year :

MEAT CONDEMNED DURING 1957

ANIMALS	FOR TUBERCULOSIS		CONDEMNED FOR PURPOSES OTHER THAN TUBERCULOSIS	
	Meat	Offal	Meat	Offal
Pigs	7,658	lbs.	7,077	lbs.
Calves	Nil		Nil	Nil
Sheep	Nil		Nil	Nil
Bovines	Nil		Nil	Nil
Horses	Nil		Nil	Nil

Carcases Inspected and Condemned—For the Year Ended 1957

	<i>Cattle</i> <i>excluding</i> <i>Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i> <i>and</i> <i>Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number Killed	—	—	—	39,003
Number Inspected	—	—	—	39,003
All Diseases except Tuberculosis and Cysticerosis—						
Whole carcases condemned ..	—	—	—	—	43	—
Carcases of which some part or organ was condemned ..	—	—	—	—	574	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	—	—	—	—	1.6%	—
Tuberculosis Only—						
Whole carcases condemned ..	—	—	—	—	18	—
Carcases of which some part or organ was condemned ..	—	—	—	—	967	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	2.5%	—
Cysticercosis						
Carcases of which some part or organ was condemned	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

MILK SUPPLY

The milk supply throughout the District has again been satisfactory. The majority of milk sold is pasteurised and obtained already bottled from pasteurising premises licensed by the Wilts County Council. It is then distributed throughout the Rural District by distributors registered by this Council.

A number of villages are also served by producer/retailers who are licensed by the Ministry of Agriculture, Fisheries and Food. Most of the producer/retailers are authorised to use the special designation "Tuberculin Tested," although a small number still sell "Non-Designated" milk produced from herds on farms not holding Tuberculin Tested licences.

Below are details of licences issued and results of samples taken by this department during 1957:

Premises used as dairies ..	..	..	..	..	..	..	3
Persons registered as distributors of milk ..	..	..	..	..	..	..	16
Dealers authorised to use the special designation "Tuberculin Tested" ..	..	..	..	..	..	..	15
Dealers authorised to use the special designation "Pasteurised" ..	..	..	..	..	..	..	13
Dealers authorised to use the special designation "Sterilized" ..	..	..	..	..	..	..	1

METHYLENE BLUE TEST

Non-Designated Raw Milk

(a) Number of samples passed	..	..	..	..	..	..	4
(b) Number of samples failed	..	..	..	..	..	..	1

Tuberculin Tested Raw Milk

(a) Number of samples passed	..	..	..	..	..	..	26
(b) Number of samples failed	..	..	..	..	..	..	4

BIOLOGICAL SAMPLES (TUBERCLE BACILLUS TEST)

Non-Designated Raw Milk

(a) Number of samples negative	..	..	..	..	..	..	3
(b) Number of samples positive	..	..	..	..	..	..	Nil

Tuberculin Tested Raw Milk

(a) Number of samples negative	..	..	..	..	..	..	33
(b) Number of samples positive	..	..	..	..	..	..	Nil

BIOLOGICAL SAMPLES (BRUCELLUS ABORTUS TEST)

Non-Designated Raw Milk

(a) Number of samples negative	..	..	..	..	..	..	3
(b) Number of samples positive	..	..	..	..	..	..	Nil

Tuberculin Tested Raw Milk

(a) Number of samples negative	..	..	..	..	..	..	30
(b) Number of samples positive	..	..	..	..	..	..	3

Total 107

PASTEURISED MILK (Tested by Wiltshire County Council Staff)

Number of Premises Registered under Section 16—Food and Drugs Act, 1955

(a) Premises registered for sale of Ice Cream	..	..	..	..	..	..	69
(b) Premises registered for the manufacture of Sausages, etc.	..	..	..	..	..	..	10

Number of Premises Licensed under The Food and Drugs Act, 1955

(a) Premises licensed for use as Slaughterhouses	2
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Slaughter of Animals Act, 1933.

(a) Number of Slaughtermen licensed during the year under the above Act.	14
--	----	----	----	----	----	----	----

FOOD HYGIENE REGULATIONS, 1955.

Continuous inspections of food premises have been carried out under the above Regulations and a number of informal notices were necessary to secure compliance with these Regulations.

REFUSE COLLECTION AND DISPOSAL

The Council's refuse collection and disposal was carried out regularly and satisfactorily during the year. The collection being weekly in the parishes of Quidhampton and Laverstock and fortnightly in the remaining parishes.

RODENT CONTROL

Routine surveys and investigation of all complaints received have been conscientiously dealt with by the Rodent Operator under the supervision of this Department and I give below the following table, which briefly summarises the work carried out :

TYPE OF PROPERTY

	1—4 NON-AGRICULTURAL				5 AGRICULTURAL	
	(1) Local Authority	(2) Dwelling Houses	(3) All Other (including (inc. Council Business Houses))	(4) Total of Cols. (1), (2) and (3)		
1. Approximate number of properties	5	5613	612	6230	400	
2. Number of properties inspected as a result of :						
(a) Notification	—	100	15	115	15	
(b) Survey under the Act ..	25	588	55	668	82	
3. Number of properties inspected (in Section 2) which were found to be infested by :						
(a) Rats { Major .. 1 — — 1 6						
Minor .. 7 154 14 175 12						
(b) Mice { Major .. — — — — —						
Minor .. — 7 3 10 —						
4. Number of infested properties (in Section 3) treated by the L.A.	8	161	17	186	18	

The Rodent Operator is employed in conjunction with our neighbours Amesbury Rural District Council and Wilton Borough under a Joint Committee and he spends four weeks with this Council and then is away for the following six weeks with the other authorities. This arrangement works extremely well and is of considerable advantage to all concerned.

FACTORIES
Factories Acts, 1937 and 1948

INSPECTIONS	Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
				7	1	nil	nil
(i) Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities (Factories without Mechanical Power)		7	1	nil	nil
(ii) Factories not included in (i) in which only Section 7 is enforced by the Local Authority (Factories with Mechanical Power)		77	19	3	nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)		nil	nil	nil	nil
Total		84	20	3	nil
		=	=	=	=

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

Particulars	Number of cases in which defects were found			Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Section 7 — Sanitary Conveniences				
(b) Insufficient:	1	1		
(b) Unsuitable or defective	2	2		
(c) Not separate for sexes	0	0		
Total	3	3	nil	nil
	=	=	=	=

OUTWORKERS

Section 110, Factories Act 1937

Nature of Work	No. of outworkers in August list required by Section 110 (1) (c) (3)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists
Wearing apparel :			
Making etc., Cleaning and Washing	33	nil	nil
Total	33	nil	nil
	=	=	=

J. A. Furley

Chief Public Health Inspector.

